Credit for Employment of TANF Recipients

1999

For the calendar year 1999, or fiscal year

beginning _____, 19 _____, and ending _____, 20 _____

Attach to your return

Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S or 120X	Your social security number or federal employer ID number

Part I **Business** **Information**	1 Business name	**1**	
	2 Business location	**2**	
	3 (a) State withholding number	**3**	
	(b) Federal employer identification number		

Part II **Net Increase** **In Qualified** **Employment** **Positions**	4 Average number of qualified employment positions during the current taxable year.	**4**	
	5 Average number of qualified employment positions during the immediately preceding taxable year.	**5**	
	6 Net increase in the number of qualified employment positions - *subtract line 5 from line 4.* ...	**6**	
	7 Number of positions on line 6 that are eligible for any other income tax credit under Arizona law.	**7**	
	8 Maximum number of positions eligible for the credit. Subtract line 7 from line 6.	**8**	

Part III **Qualifying New** **Employees**	9 New employees hired during the year	**9**	
	10 Qualified new employees.	**10**	
	11 Maximum number of qualifying net new employees. *Enter the smaller of line 8 or line 10.*	**11**	

Part IV
Credit
Calculation
For Qualifying
Employees

		a	b	c	d
		Number of qualifying employees	Qualifying wages	%	Allowable credit
12	Qualifying net new employees.		(Maximum of $2,000 for each net new employee) $	25%	
13	Previously qualified employees in the second year of continuous employment.		(Maximum of $3,000 for each previously qualified employee in the second year of continuous employment) $	33 1/3%	
	For 1999, skip line 14 .				
14	Previously qualified employees in the third year of continuous employment.		(Maximum of $3,000 for each previously qualified employee in the third year of continuous employment) $	50%	
15	Totals				

Part V   S Corporation Only - S Corporation Election and Shareholder's Share of Credit

16   The S corporation has made an irrevocable election for the taxable year ending _____, to:
   (CHECK ONLY ONE BOX)

   ☐   1 Claim the credit shown on Part IV, line 15, column (d) (for the taxable year mentioned above);

   OR

   ☐   2 Pass the credit shown on Part IV, line 15, column (d) (for the taxable year mentioned above) through to its shareholders.

_____   _____   _____
Signature   Title   Date

   If passing the credit through to the shareholders, complete lines 17 through 19 separately for each shareholder.
   Furnish each shareholder with a copy of the completed Form 320.

17   Name of shareholder   _____
18   Shareholder's TIN   _____
19   Shareholder's share of the amount on Part IV, line 15, column (d)   _____

Part VI   Partnerships Only - Partner's Share of Credit

   Complete lines 20 through 22 separately for each partner.
   Furnish each partner with a copy of the completed Form 320.

20   Name of partner   _____
21   Partner's TIN   _____
22   Partner's share of the amount on Part IV, line 15, column (d)   _____

Part VII Available Carryforward

	(a) Enter the taxable year from which you are carrying the credit	(b) Original credit amount	(c) Amount previously used	(d) Available carryover Subtract column (c) from column (b)
23				
24				
25				
26				
27				
28	Total available carryover			

Part VIII Total Available Credit

29   Current year's credit. Individuals, corporations, or S corporations - *enter the amount from Part IV, line 15, column d. S corporation shareholders - enter the amount from Part V, line 19. Partners of a partnership - enter the amount from Part VI, line 22.* .... | **29** |

30   Available carryover from Part VII, line 28, column (d) .... | **30** |

31   Total available credit - add lines 29 and 30. *Enter total here and on Form 300, Part I, line 15 or Form 301, Part I, line 14* .... | **31** |

Qualifying Employees

Form 320-1 (1999) If you have more than 24 qualifying employees, complete additional schedules. **a** Employee name	**b** Social security number	**c** Date of hire	**d** Was this employee residing in Arizona on date of hire?	**e** Was this employee receiving TANF benefits on the date of hire?
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Qualifying Employees for Which You Are Taking a Credit.
For 1999, you may take this credit for only 1st and 2nd year employees.

Form 320-2 (1999) If you have more than 11 qualifying employees, complete additional schedules. **a** Employee name	**b** Social security number	**c** Check the appropriate box. This employee is a:			**d** Total wages less wages subsidized as provided by ARS § 46-299 paid to this employee during the current taxable year.	**e** Maximum allowable wages: Enter the lesser of column d or the maximum allowed below:		
		1st year employee c1	2nd year employee c2	3rd year employee c3		Year 1 $2,000 e1	Year 2 $3,000 e2	Year 3 $3,000 e3
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12 Total - Add lines 1 through 11. Enter the total here.								